



ANNUAL REPORT

UPON THE

HEALTH OF DEWSBURY

FOR THE YEAR 1905.

BY T. O. HALLIWELL,

Medical Officer of Health.

DEWSBURY:

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1906.

*To the Chairman and Members of the Sanitary Committee
of the Dewsbury Town Council.*

GENTLEMEN,


I have the honour to present to you the Annual report upon the vital statistics and sanitary progress of the Borough during the year 1905.

It is satisfactory to note that the "Recommendations" mentioned in the last Annual Report have all been dealt with.

I am, Gentlemen,

Your obedient Servant,

T. O. HALLIWELL.



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Borough of



Dewsbury.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1905.

STATISTICAL SUMMARY, 1905.

Estimated mean population	...	...	...	27,333
Area in acres (excluding inland water)	...	...	...	1,435
Birth rate per 1,000 living	...	...	...	23·89
Nett death rate at all ages per 1,000 living	...	...	...	19·09
Infantile mortality per 1,000 births	...	...	...	189·89
Death rate per 1,000 living from the seven principal zymotic diseases	...	...	...	2·48
Excess of registered births over nett deaths	...	...	...	131
Estimated decrease of population during the year	...	...	...	169

THE MUNICIPAL BOROUGH OF DEWSBURY is co-extensive with the Civil Parish of Dewsbury, and forms a Sub-Registration District of Dewsbury (No. 6) of the Registration District of

Dewsbury (No. 502). It is divided into three Wards—All Saints', St. John, and Trinity.

Name and Number of Registration District.	Name and Number of Registration Sub-District.	Civil Parish.	Wards.
Dewsbury 502	Dewsbury M.B. 502, 6	Dewsbury	All Saints' St. John's Trinity

THE AREA OF THE BOROUGH.—The area of the Borough is 1471 statute acres, including land and inland water : the area of land alone is 1435 statute acres.

	Area in Statute Acres.		Land only.
	Land and Inland Water.	Inland Water only.	
Dewsbury M.B. ...	1471	36	1435

THE POPULATION OF THE BOROUGH.—The following Table is taken from the Census Report (1901) of the Registrar-General :—

TABLE I. Dewsbury M.B.. Number of persons, males and females, enumerated at the censuses of 1891 and 1901.

Census Year.	Persons.	Males.	Females.
1891	29,847	14,076	15,771
1901	28,060	13,090	14,970

On the assumption that the population of Dewsbury is still decreasing at the same rate that it did between the census years 1891 and 1901, the estimated population at the end of the June quarter, 1905, was 27,333 persons—12,693 males and 14,640 females. This, *i.e.* the population at the middle of the year, is that upon which the various rates must be calculated. The estimated population at the middle of 1906 is 27,164.

Seeing that the number of births exceeded the number of deaths, the natural inference would be that the population had

increased during the year, but as the last census, taken in 1901, showed a decrease as compared with census taken in 1891, for statistical purposes it is assumed that decrease is still going on. This can only be proved at the next census. The decrease, if correct, would be accounted for by emigration.

This difficulty cannot be got over, and is a great argument in favour of quinquennial censuses, which, it is generally recognised by Medical Officers of Health, ought to be taken.

DENSITY OF POPULATION.—The population as enumerated at the census of 1901 being 28,060 persons, the density of population was 19·55 persons per acre, exclusive of area covered by water at the time of the last census. The density at the middle of 1905 would be 19·04 persons per acre.

The number of persons per inhabited house was 4·2 at the census of 1901.

BIRTHS.—The total number of births registered in the Borough in 1905 was 653, of which 308 were males and 345 females, so that for each 100 males born there were 112 females born.

TABLE II. Dewsbury M.B. The number of births in 1901, 1902, 1903, 1904, and 1905, and the average for 1891-1900.

	Number of Births.					
	Average 10 years. 1891-1900.	1901.	1902.	1903.	1904.	1905.
Dewsbury M.B....	761	689	635	660	671	653

There has thus been a decrease in the number of births.

THE BIRTH RATE.—In 1905 the birth rate was equivalent to 23·89 per 1,000 living.

The following Table shews the birth rate in England and Wales and in Dewsbury for the past few years.

TABLE III. Birth rate per 1,000 living in England and Wales, and in Dewsbury.

	Birth Rate per 1,000 of Population.					
	Average, 10 years, 1891-1900.	1901.	1902.	1903.	1904.	1905.
England and Wales...	29·9	28·5	28·6	28·4	27·9	27·2*
76 Great Towns ...	...	...	...	...	29·1	28·2
142 Smaller Towns...	...	...	...	...	27·5	26·9 (a)
England and Wales, less the 218 towns	...	...	...	...	26·8	26·3 (b)
Dewsbury ...	26·26	24·6	22·8	23·8	24·39	23·89

* This is the lowest on record. (a) 141 smaller towns. (b) Less the 217 towns.

The above Table shows that Dewsbury has a lower birth rate than that of the country generally.

The natural increase of the population is the excess of births over the nett deaths. In Dewsbury during 1905 this amounted to 131, an increase of 30 as compared with the year 1904.

ILLEGITIMATE BIRTHS.—The number of illegitimate births registered during the year was 51, being 78·1 per 1,000 of the total births (average 1891-1900 England and Wales 42 per 1,000 births). In 1903 the ratio in Dewsbury was 62·12 per 1,000 births, and in 1904 64·08 per 1,000 births, so that these figures have been gradually increasing.

DEATHS.—The total number of deaths registered in the district in 1905 was 522, 270 males and 252 females. To arrive at the true death rate of the Borough, the number of deaths of Dewsbury “residents” occurring outside the district must be added, and the number of deaths of “non-residents” occurring in the Borough must be substracted.

TABLE IV. Dewsbury M.B. Calculation of the nett total deaths belonging to the district, 1905.

	Persons.	Males.	Females.
Total deaths registered in the district in 1905	608	322	286
<i>Add:</i> (i.) Deaths of "residents" of Dewsbury occurring in Public Institutions outside the district ...	15	4	11
(ii.) Deaths of "residents" of Dewsbury occurring outside the district elsewhere than in Public Institutions ...	1	...	1
	624	326	298
<i>Subtract</i> deaths of "non-residents" occurring in Public Institutions within the district	102	56	46
Nett total deaths belonging to the district ...	522	270	252

The nett number of deaths belonging to the district is therefore reduced to 522, 270 males and 252 females—and these deaths were distributed throughout the year as follows:—

TABLE V. Dewsbury M.B. The number of deaths and the percentage of total deaths occurring during each month and each quarter of 1905.

1905.	Persons.	Males.	Females.	Percentage of Total Deaths.	Persons.	Males.	Females.	Percentage of Total Deaths.
				Persons.				Persons.
January ...	66	38	28	12·6	153	81	72	29·3
February ...	39	19	20	7·4				
March ...	48	24	24	9·1				
1st Quarter ...	...	...	...	...
April ...	47	22	25	9	129	67	62	24·7
May ...	54	29	25	10·3				
June ...	28	16	12	5·3				
2nd Quarter ...	...	...	...	...
July ...	45	22	23	8·6	114	55	59	21·8
August ...	37	14	23	7				
September ...	32	19	13	6·11				
3rd Quarter ...	...	...	...	...
October ...	30	19	11	5·7	126	67	59	24·1
November ...	51	25	26	9·7				
December ...	45	23	22	8·6				
4th Quarter ...	...	...	...	...
Total 1905 ...	522	270	252	...	522	270	252	...

The first quarter was therefore the most unhealthy one and the third the most healthy.

More deaths occurred in January than in any other month of the year.

DEATH RATE.—The mean population for the year being estimated to have been 27,333 persons—12,693 males and 14,640 females—and the nett total deaths from all causes belonging to the district being 522—270 males and 252 females—the general death rate for the year is 19·09 per 1,000 persons living: for males a death rate of 21·27, and for females a rate of 17·21, per 1,000 living.

For purposes of comparison the following table is given :—

TABLE VI. Comparison of the annual death rates for the years 1891-1900, 1901, 1902, 1903, 1904, and 1905 for England and Wales, West Riding of Yorkshire, and Dewsbury.

	Annual Death Rate per 1,000 living from all causes.					
	Average, 10 years, 1891-1900.	1901.	1902.	1903.	1904.	1905.
England and Wales	18·2	16·9	16·2	15·4	16·2	15·2 (a)
76 Great Towns ...	...	...	18·5	17·3	17·2	15·7
142 Smaller Towns ..	...	...	...	...	15·6	14·4*
England and Wales, less the 218 Towns	...	...	...	...	15·3	14·9†
Registration County of the West Riding of Yorkshire ...	18·9	17·8	...	...	...	...
Dewsbury M.B. ...	21·29	20·1	18·1	19·0	20·72	19·09

(a) Lowest ever recorded.

* 141 smaller towns.

† England and Wales, less the 217 towns.

It will be seen that the death rate of Dewsbury compares again unfavourably.

TABLE VII. shows the age-periods at which deaths occurred during each month in the year.

Month.	0—1 year.		1—2		2—3		3—4		4—5		Total under 5 years.		5—10		10—15		15—20		20—25	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
January ...	8	5	1	...	2	1	2	...	...	...	13	6	2	1	2	...	...	3	...	1
February	5	5	...	2	1	1	...	...	1	...	7	8	...	...	...	...	...	...	1	1
March ...	6	6	2	...	2	...	...	2	...	...	10	8	...	...	1	1	...	...	...	...
April ...	2	5	...	...	1	1	...	...	1	1	4	7	...	1	1	...	...	1	...	1
May ...	3	4	5	...	1	1	...	1	...	...	9	6	2	1	...	1	...	...	1	...
June ...	6	1	1	3	...	...	...	...	...	...	7	4	1	...	...	...	1	...	...	...
July ...	7	6	1	1	1	...	...	...	...	...	9	7	...	...	...	1	...	...	1	...
August ...	9	6	2	2	...	...	...	...	...	1	11	9	...	...	...	...	...	...	...	...
September	5	5	...	...	1	...	...	...	...	1	6	6	...	1	...	...	...	...	...	...
October ...	4	3	1	...	2	...	...	...	1	...	8	3	...	1	...	...	...	1	...	...
November	6	3	3	2	...	1	...	...	...	...	9	6	1	4	...	...	...	...	...	...
December	9	5	1	2	...	...	...	2	...	...	10	9	1	...	...	...	...	...	...	1
	70	54	17	12	11	5	2	5	3	3	103	79	7	9	4	3	2	5	3	4

TABLE VII.—continued.

Month.	25—35		35—45		45—55		55—65		65—75		Over 75 years.		Total 5 years and upwards.		Total at all ages.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
January ...	1	3	3	1	5	3	5	7	4	2	3	1	25	22	38	28
February ...	2	3	4	...	1	2	1	1	1	2	2	3	12	12	19	20
March ...	...	2	4	3	4	1	...	1	5	7	...	1	14	16	24	24
April ...	...	1	...	2	3	3	9	2	4	2	1	5	18	18	22	25
May ...	2	...	1	3	5	1	4	6	4	6	1	1	20	19	29	25
June ...	1	...	1	1	...	4	5	2	...	...	...	1	9	8	16	12
July ...	1	1	1	2	5	2	3	1	1	6	1	3	13	16	22	23
August ...	...	2	...	...	...	2	...	1	3	9	...	...	3	14	14	23
September ...	1	...	1	2	3	1	2	1	6	1	...	1	13	7	19	13
October ...	...	...	...	...	2	1	8	1	...	3	1	1	11	8	19	11
November ...	1	2	1	...	1	4	4	5	3	5	4	...	16	20	25	26
December ...	2	...	2	1	2	2	1	1	1	7	4	1	13	13	23	22
	11	14	18	15	31	26	42	29	32	50	17	18	167	173	270	252
Total Deaths ...															522	

INFANTILE MORTALITY. — The mortality amongst children under the age of one year is now attracting considerable attention throughout the country, and how such mortality can be diminished is being specially considered by many Authorities.

In 1905 the number of deaths amongst infants in Dewsbury was 124, which is equal to a death rate of 189·89 per 1,000 births registered. This rate is very high, higher than the rest of the country generally, and higher than it has been for many years.

TABLE VIII. The following table shows the infantile mortality in Dewsbury for the past five years, and other interesting data :—

	Number of Deaths under one year of age to 1,000 Births.					
	Average, 10 years, 1891-1900.	1901.	1902.	1903.	1904.	1905.
England and Wales ...	154	151	133	132	146	128 (a)
West Riding... ..	164	168	...	...	...	..
76 Great Towns ...	...	...	145	...	160	140
142 Smaller Towns ...	...	...	...	144	154	132*
England and Wales, less the 218 Towns	...	...	...	...	125	113†
Dewsbury ...	190·5	177	135	177	165	189

(a) Lowest ever recorded.

* 141 smaller towns. † England and Wales., less the 219 towns.

TABLE IX. The 124 infantile deaths were distributed amongst the various months of the year, as follows:—

		Males.	Females.	Males.	Females.	Total.
January	...	8	5			
February	...	5	5			
March	...	6	6			
1st Quarter	...	...	...	19	16	35
April	...	2	5			
May	...	3	4			
June	...	6	1			
2nd Quarter	...	...	...	11	10	21
July	...	7	6			
August	...	9	6			
September	...	5	5			
3rd Quarter	...	...	...	21	17	38
October	...	4	3			
November	...	6	3			
December	...	9	5			
4th Quarter	...	...	...	19	11	30
Total	...	70	54	...	...	124

The succeeding table will show that the chief causes of infantile deaths were:—

Diarrhoea, 21 ; viz., 6 in July, 10 in August, 4 in September, and 1 in November.

Premature Birth, 19.

Atrophy, Debility, and Marasmus, 19.

Pneumonia, 15 ; viz., 3 in January, 2 each in March, May, June, July, and December, 1 in February, and 1 in August.

Bronchitis, 11 ; viz., 5 in December, 2 in March, and 1 each in May, July, September, and October.

TABLE X. Infantile mortality from several causes.

Cause of Death.	Total Deaths under one year.	Infantile Death Rate per 1,000 Births registered.
Measles	3	4·59
Whooping Cough	3	4·59
Diarrhœa	21	32·15
Enteritis	2	3·06
Gastritis (Gastro Intestinal Catarrh)	3	4·59
Premature Birth	19	29·09
Atrophy, Debility, Marasmus	19	29·09
Tuberculous Meningitis	1	1·53
Tuberculous Peritonitis	1	1·53
Erysipelas	2	3·06
Syphilis	4	6·12
Rickets	1	1·53
Meningitis (not Tuberculosis)	3	4·59
Convulsions	6	9·18
Bronchitis	11	16·84
Pneumonia	15	22·97
Suffocation	2	3·06
Other causes (including Dentition 4)...	8	12·24
Totals	124	189·89

TABLE XI. The Infantile deaths might be again shown in three classes, viz., Preventable, Non-Preventable, and Doubtfully Preventable, as follows:—

PREVENTABLE.

Diarrhœa	21
Enteritis	2
Gastritis	3
Whooping Cough	3
Tubercular Diseases	2
Measles	3
Erysipelas	2
Syphilis	4
Suffocation	2
Found dead	2— 44

NON-PREVENTABLE.

Premature Births	19
-------------------------	----

DOUBTFULLY PREVENTABLE.

Wasting Diseases	...	...	19
Meningitis	...	...	3
Pneumonia	...	...	15
Bronchitis	...	...	11
Convulsions	...	...	6
Dentition	...	...	4
Rickets	...	...	1
Other Causes	...	...	2— 61
			<hr/>
Total			124
			<hr/>

In considering the question of infantile mortality it must be remembered that Dewsbury is a manufacturing town, and therefore is at a disadvantage when compared with residential towns and country districts. Still this death rate is higher than it should be. In dealing with the class of deaths called preventable (this does not mean that every death should not have occurred, for I hold that in some cases, in spite of every care and attention, the child dies) one must admit that many children die from either want of thought or want of knowledge on the part of those who have the care of them.

Take the deaths from Diarrhoeal diseases. Probably all of these will have been fed artificially, for it is very unusual for a breast-fed baby to suffer from diarrhoea; the cause of the affection is generally improper food or contaminated milk. When one says contaminated milk one does not necessarily mean that the milk is unwholesome when delivered at the door by the milkman. This, of course, might be the case, but it must be remembered that it is likely to become contaminated in the house, for it is frequently left uncovered in the kitchen or living room, and is thus exposed to dust and dirt, and air contaminated in many ways. Again, although it is necessary to know how to prepare suitable food for the infant, this is not sufficient, for it can easily be contaminated if put into feeding bottles which are not absolutely clean, and the long tubes of the old-fashioned feeding bottles cannot be kept absolutely clean and sweet.

Take the deaths from measles and whooping cough. The cause of death in these cases is generally due to bronchitis and pneumonia, to which children are then specially liable. Many people ignorantly think both measles and whooping cough are comparatively trivial

ailments, and therefore neglect to give them the special care which they require, the result being the setting in of fatal lung disease. Again, the primary illnesses themselves are often contracted by unnecessary promiscuous visiting.

Of the "Doubtfully Preventable" deaths from, say, bronchitis and pneumonia, I think that many should not happen. The illnesses are often brought on by want of care and thought. Young infants in arms are often seen out at 9, 10, and 11 o'clock at night, and even in cold weather. No wonder they contract a very serious illness.

PREVENTION OF INFANTILE MORTALITY.—A pamphlet on the "Care and Feeding of Infants" has been prepared, and a copy has been delivered at every house in the Borough. This, it is hoped, will go some way towards the desired result.

On February 6th, 1906, the Sanitary Committee decided to recommend the appointment of a woman whose duties shall be to visit all houses where a birth has taken place, provided that her visit will be acceptable to the householder. The visitor, where necessary (using her own tact and judgment), to give advice and hints to mothers on the subject of the general management and rearing of young children, special attention to be paid to the subjects of artificial feeding and hygiene.

This recommendation was passed by the Town Council on March 1st.

TABULATION OF THE CAUSES OF DEATH AND THE AGES AT DEATH.—The next table shows the deaths belonging to the Borough which occurred in 1905, and classifies them according to age and sex. The schedule of the causes of death is that known as Schedule B of the Incorporated Society of Medical Officers of Health. It has been slightly modified.

TABLE XII. Tabulation of the Causes of Death and the Ages at Death.

[illegible]

THE SEVEN PRINCIPAL ZYMOTIC DISEASES. — Under this heading are included Small-pox, Scarlet Fever, Diphtheria, and Membraneous Croup, Measles, Whooping Cough, Diarrhoea, and Dysentery (including Zymotic and Epidemic Enteritis and Enteritis), and Enteric Fever.

These diseases were the cause of 68 deaths—being a rate of 2·48 per 1,000 of the estimated population, The Zymotic death rate for England and Wales in 1905 is given in the following table for purposes of comparison :—

	Zymotic Death Rate per 1,000 of the Estimated Population.
England and Wales	1·52
76 Great Towns	1·88
141 Smaller Towns	1·50
England and Wales, <i>less</i> the 217 Towns ...	1·09
Dewsbury	2·48

TABLE XIII. shows the number of deaths and the death rate from each of the 7 principal Zymotic Diseases, together with the month in which they occurred.

Disease.	Total Deaths.	Death Rate per 1,000 living.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Small-pox	3	·109	2	1	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	13	·217	2	...	1	...	1	...	1	...	1	1	5	1
Diphtheria and Mem- braneous Croup	9	·32	1	...	2	1	2	2	...	...	...	1	...	...
Measles	8	·29	3	...	...	2	3	...	...	...	...	...	...	...
Whooping Cough	8	·29	...	1	1	...	...	...	1	3	1	1	...	...
Diarrhoeal Epidemic	24	·87	...	...	1	...	...	...	6	11	4	1	1	...
Enteric Fever	3	·109	...	...	...	...	...	...	...	...	1	...	2	...
Totals	68	2·48	8	2	5	3	6	2	8	14	7	4	8	1

The month of August was, therefore, that of greatest fatality from these Diseases, Diarrhoea contributing in the largest degree.

The ages at which death occurred from these 7 principal Zymotic Diseases are important.

The Small-pox deaths occurred at the ages of 3, 17, and 20 years.

Scarlet Fever deaths occurred at 23 months, 3 at 2 years, 2 at 3 years, 1 at 4 years, 3 at 6 years, 1 at 7 years, and 2 at 9 years.

Diphtheria deaths—2 at 1 year, 2 at 2 years, and one each at 4, 5, 6, 7, and 12 years.

Measles deaths occurred, 2 at 7 months, 1 at 10 months, 2 at 1 year, 3 at 2 years,

Enteric Fever deaths occurred, 1 each at 28, 39, and 45 years.

Of the Epidemic Diarrhoea deaths, 21 occurred under 1 year of age, 2 at 1 year, and 1 at 3 years.

TUBERCULOSIS.—47 deaths from Tuberculosis occurred during the year, including a death of a Dewsbury resident in a public institution outside the district. This gives a death rate from this cause of 1·71 per 1,000 persons living. In 1904 there were 55 deaths, which was equal to a death rate of 1·99 per 1,000 then living.

TABLE XIV.—The following table shows the age periods at which deaths from Tuberculosis occurred:—

Age Period.			Number of Deaths.
All Ages	{ Persons ...	...	47
	{ Males ...	...	31
	{ Females ...	...	16
0-5 years			4
5-10 "			2
10-15 "			3
15-20 "			2
20-25 "			4
25-35 "			7
35-45 "			10
45-55 "			13
55-65 "			2
65-75 "			...
Over 75 years			...

It will be seen that Tuberculosis was nearly twice as fatal among males as among females.

CANCER.—During the year 28 persons died from Cancer, including under this heading all forms of “malignant” disease. Of the 28, 7 were males and 21 females. There has thus been an increase of 7 as compared with the year 1904.

TABLE XV.—The following table shows the parts of the body affected. :—

All forms of Malignant Disease.	Alimentary Canal.								Respira- tory Organs.		Female Organs of Generation.			Bladder.	Chest.	Orbit.	Elsewhere.	TOTALS.
	Tongue.	Pancreas.	Liver.	Stomach.	Duodenum.	Intestine.	Colon.	Rectum.	Larynx.	Lung.	Breast.	Uterus.	Other parts.					
Males	2	...	...	1	...	...	...	...	...	...	...	1	1	1	1	7
Females	1	4	1	...	1	...	2	...	2	3	4	2	1	...	...	...	21
Totals	1	6	1	...	2	...	2	...	2	3	4	2	2	1	1	1	28

DEATHS IN PUBLIC INSTITUTIONS in 1905.—The total number of deaths in Public Institutions within the district was 173. Of these 101 were males and 72 females.

TABLE XVI. Deaths in Public Institutions within the District, 1905.

		Persons.	Males.	Females.
Residents ...	...	71	45	26
Non-Residents	...	102	56	46
Totals	...	173	101	72

The term “Non-Residents” means persons brought into the district on account of sickness or infirmity, and dying in institutions there. They are omitted from the nett deaths belonging to the district. The deaths of Dewsbury residents dying out of the district are added to the nett deaths belonging to the district, as described previously.

The following table (XVII.) shows the Public Institutions in the Borough in which deaths occurred.

Institution.	Total Deaths.	Residents.	Non-Residents.
Dewsbury Union Workhouse	134	48	86
Dewsbury General Infirmary	36	20	16
Borough Small-pox Hospital	3	3	...

TABLE XVIII. The districts to which the 102 “Non-Residents” dying in Dewsbury belonged are as follows :—

District.				Number of Deaths.
Ravensthorpe	...	...	...	10
Batley	...	...	...	40
Morley	...	...	...	7
Birstall	...	...	...	4
Heckmondwike	...	...	...	7
Liversedge	...	...	...	6
Ossett	...	...	...	7
Thornhill	...	...	...	3
Soothill Upper	...	...	...	4
Soothill Nether	...	...	...	5
Mirfield	...	...	...	2
Birkenshaw	...	...	...	3
Gomersal	...	...	..	4
Totals				102

DEATHS OF DEWSBURY RESIDENTS OUTSIDE THE BOROUGH.—There were 16 such cases, 4 of which were males and 12 females. One female died as the result of an accident, death not taking place in a Public Institution. The remaining 15 took place in Public Institutions outside the Borough. The following table shows how they were distributed.

TABLE XIX. Showing Public Institutions outside the district at which deaths of Dewsbury Residents occurred.

Institution.				Males.	Females.	Total.
Barnard Castle Workhouse...	...	...	...	...	1	1
Leeds General Infirmary	...	...	...	1	1	2
Dean Clough Institute, Halifax	...	...	...	...	1	1
Dewsbury Joint Hospital Board In-						
fectious Hospital	...	...	...	1	5	6
West Riding Asylums	...	...	...	2	3	5
Totals				4	11	15

UNCERTIFIED DEATHS AND INQUESTS.—There were 608 deaths registered in the Borough during the year. In 560 cases the deaths were certified by a registered medical practitioner, and in the remaining 48 cases an inquest was held by the Coroner, and a certificate given by him.

INFECTIOUS DISEASES.—During the year 300 cases of Infectious Diseases have been notified.

NOTIFIABLE INFECTIOUS DISEASES.—The following table (XX.) shows the incidence of these diseases during each month of the year from the number of notifications received.

Month.	Small Pox.	Scarlet Fever.	Diphtheria.	Membraneous Croup.	Enteric or Typhoid Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Chicken Pox.	TOTALS.
January	10	5	4	...	4	...	...	2	12	37
February	1	1	5	1	2	...	...	1	2	13
March	1	15	8	...	1	...	...	1	3	29
April	...	5	3	...	...	...	...	...	6	14
May	...	10	2	...	...	...	...	...	5	17
June	...	4	6	..	..	...	...	2	5	17
July	...	7	2	...	...	...	...	...	...	9
August	...	8	...	...	...	3	...	2	...	13
September	...	11	...	...	5	...	...	4	1	21
October	...	32	3	...	...	...	1	1	4	41
November	...	39	6	...	4	...	...	3	5	57
December	...	25	3	...	3	...	...	...	1	32
TOTALS	12	162	42	1	19	3	1	16	44	300

The following table (XXI.) shows the same number of cases occurring at each of the six age periods.

Notifiable Diseases.	Cases Notified in Whole District.							At all Ages.
	At Ages.—Years.							
	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.		
Small-pox	...	2	1	2	7	...	12	
Diphtheria	1	14	21	2	4	...	42	
Membraneous Croup	...	1	...	...	...	...	1
Erysipelas	1	1	2	3	9	...	16	
Scarlet Fever	...	41	102	13	6	...	162	
Enteric Fever	...	...	3	5	11	...	19
Continued Fever	...	...	2	1	...	...	3
Puerperal Fever	...	...	...	...	1	...	1
Chicken Pox	...	...	...	...	...	...	44
Totals	2*	59*	131*	26*	38*	...	300	

* Excluding Chicken Pox.

The following table (XXII.) shows the number of Infectious Diseases notified during each of the past five years.

	Small-pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Typhus Fever.	Enteric or Typhoid Fever.	Continued Fever.	Relapsing Fever.	Puerperal Fever.	Cholera.	Erysipelas.	Chicken-pox.	Totals.
1901	...	229	11	2	...	10	...	..	1	...	14	...	267
1902	7	95	16	1	...	10	10	...	...	...	23	...	162
1903	137	50	17	...	...	13	...	...	2	...	18	...	237
1904	552	50	35	...	...	27	...	...	...	...	14	45*	723
1905	12	162	42	1	...	19	3	...	1	...	16	44	300

* Since October 24th to end of year.

The total number of notifications received, viz., 300, has been in excess of previous years with the exception of the year 1904. During 1901, 1902, 1903, and nearly all 1904 chicken pox was not notifiable, and if we take the notifiable diseases and exclude chicken pox and *small-pox*, then the total numbers would be for the five years—267, 157, 100, 126, and 244 respectively.

SMALL-POX.—The twelve cases were the last of the epidemic, a full report of which has been issued by Dr. Spencer Low. The last notification was received on March 4th. Three of the twelve proved fatal, viz., one male, aged 3 years, and two females, aged 17 and 20 years respectively. During my term of office several Dewsbury residents have been in contact with small-pox cases in a neighbouring borough. The necessary disinfection of their clothing was at once attended to, and they themselves were kept under observation for sixteen days, and one person, not having been vaccinated within recent years, willingly allowed her own medical man to re-vaccinate her on my advice. Happily none of the contacts developed the disease. The old Small-pox Hospital at Ravenswharf was demolished on October 4th, and should any fresh outbreak occur in the future it will be dealt with by the Joint Hospital Board, as far as Hospital removal and treatment is concerned.

PUERPERAL FEVER.—One case occurred in October, and terminated fatally. The midwife in attendance was ordered by the supervising Authority, through Dr. Kaye, not to attend any further cases for a period of fourteen days. Her clothing was thoroughly disinfected at the Disinfecting Station.

SCARLET FEVER.—There were 162 cases notified during the year. This number is in excess of the number of cases occurring in each of the three previous years, but less than in 1901. The majority of the cases occurred during the autumn, as one would naturally expect. 103 cases were notified from September 16th to December 16th, and nearly all of these occurred in the west side of the town. As far as the schools were concerned, the children attending St. John's were mostly affected. I paid visits to the Dewsbury Moor, St. John's, and Boothroyd Lane Schools during the epidemic, and asked the teachers to be watchful lest any children should be admitted in a "peeling condition." During an epidemic of this kind it is not uncommon for a child to have scarlet fever, perhaps mildly, and no doctor having been in attendance, the parents are unaware of the nature of the illness. The child is sent to school in an infectious state, and so the liability of spread of infection occurs. On October 24th I found a girl in St. John's School in the "peeling" stage; fortunately she had only returned to school (after an absence of three weeks) the day previous. For this reason, and also because many parents were keeping their children at home, as they were afraid to send them to school lest they should catch the "fever," the Schools were closed from October 25th to the end of the week in order that the premises might be thoroughly fumigated and cleansed. The measures taken, I think, prevented a probably large increase in the number of cases.

During this time this infectious disease was very prevalent throughout the country. The incidence was greater in some other Boroughs than in our own, and the total number of cases notified in the Administrative County of the West Riding during November was greater than in any month since November, 1900.

Those cases which could not be efficiently isolated in their own homes, according to the information derived from the medical men in attendance, were removed to the Infectious Diseases Hospital,

ENTERIC FEVER.—The number of cases is less than in 1904, but greater than in the three previous years.

DIPHTHERIA.—From the table XXI. you will see that this disease is on the increase.

ERYSIPELAS.—There is not much alteration in the number of cases year by year.

The following number of specimens have been sent during the year to be examined in the Bacteriological Laboratory at the County Hall, Wakefield :—

Serum (for Enteric Fever)	...	5
Sputum (Tuberculosis)	... ..	7
Diphtheria	... ..	12

THE INFECTIOUS DISEASES HOSPITAL.—The above Hospital has already proved its utility. Removal of scarlet fever cases from home being a new innovation, it was at first somewhat difficult to persuade parents to allow their children to be removed. The wards were opened for the reception of patients just when they were most wanted. The children have received every care and attention from the Hospital Staff, and although it is only natural for parents to wish to have them at home during an illness, they readily allow them to be removed when their doctor tells them it is necessary both for their own interest and that of others.

The following cases were removed to the Hospital from Dewsbury :—

In October	...	13	Scarlet Fever
In November	...	12	„ „ and 2 Typhoid Fever
In December	...	14	„ „ „ 2 „ „
		—	
Totals	...	39	... .. 4

I think it is a matter of regret that the Joint Hospital Board have so far not been able to admit cases of diphtheria. If there is only accommodation for two kinds of infectious disease, then I submit that scarlet fever and diphtheria should be admitted rather than scarlet fever and typhoid fever. I am aware that it is desirable to keep the two diseases apart from one another as much as possible owing to the liability of post-scarlatinal diphtheria being contracted, but the two blocks of buildings being separate, and so far apart from one another as they are, would meet the case.

In support of my opinion I give a table showing the number of cases of Scarlet Fever, Croup, Diphtheria, and Typhoid Fever notified in Dewsbury during each of the past five years, and the number of deaths from each during the same periods. It is evident that Diphtheria notifications have increased more regularly and rapidly than have Typhoid Fever notifications, and that the number

of deaths and the percentage of deaths is larger from the former disease than the latter.

It must also be borne in mind that in case of need a Typhoid Fever patient may be admitted into the wards of a General Hospital.

TABLE XXIII.—

Year.	Scarlet Fever.		Spurious Croup.	Croup.		Diphtheria.			Typhoid Fever.		
	No. Notified.	No. of Deaths.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. Notified.	No. of Deaths.	Percentage of Deaths.	No. Notified.	No. of Deaths.	Percentage of Deaths.
1901	229	6	...	2	1	11	4	36·3	10	1	10
1902	95	3	...	1	2	16	5	31·2	10	3	30
1903	50	1	1	...	1	17	5	29·4	13	3	23
1904	50	4	...	..	...	35	12	34·2	27	3	11·1
1905	162	13	...	1	...	42	9	21·4	19	3	15·7

NOTE.—If the cases of Croup (not the Spurious Croup) be added to those of Diphtheria, then the percentage of deaths from this disease in 1901, 1902, 1903, and 1905 would be 38·4, 41·1, 35·2, 20·9 respectively.

Accommodation should be provided for Diphtheria *in addition* to Scarlet Fever and Typhoid Fever.

DISINFECTION.—On the termination of an infectious illness, or immediately after the removal of a patient to the Infectious Hospital, the necessary disinfection of the house is at once attended to. Formalin, in the form of vapour or spray, or both, being the agent as a rule, and those articles, such as bedding, clothing, &c., which cannot be thoroughly disinfected by this method, which is a surface one, are now removed to the Dépôt and treated in the steam disinfecter. The waiting rooms at the Dépôt, to which members of a family can go for want of other convenience while the house is being disinfected, are most useful.

SCHOOL NOTIFICATION OF INFECTIOUS AND CONTAGIOUS DISEASES.—It frequently happens that a child is away from school on account of some disease, and the parents may or may not consider the illness sufficiently severe as to necessitate the calling in of a doctor. The school officials become aware of this, and if they have reason to believe that it is of an infectious nature, an arrangement has been made for such officials to notify to the Sanitary Authority, on a special form prepared for the purpose, the particulars of the case.

In addition to those diseases notifiable under the Infectious Diseases Act, the following affections are notified:—Measles, Whooping Cough, Chicken-pox, Mumps, Ophthalmia, Ringworm, Eczema, Scabies, and Influenza. The parents are requested to have the affection attended to. If, on enquiry, no doctor has been called in, and the parents decline to do so, then if the illness were supposed to be, say, Diphtheria, I should satisfy myself by personal inspection as to the nature of the case.

Since October, when the above system of notification, which is entirely voluntary, came into vogue, to the end of the year I have received 78 notices, as follows :—Whooping Cough, 17 ; Scarlet Fever and Ringworm, 16 each ; Eczema, 12 ; Mumps, 8 ; Diphtheria, 3 ; Scabies, 3 ; Influenza, Measles, and Chicken-pox. 1 each. Both Whooping Cough and Mumps were more prevalent in the month of October according to the notifications.

Many people do not consider either Measles or Whooping Cough illnesses to be taken as of much account, neither do they consider it necessary to keep the affected ones apart from their neighbours' children, hence the disease is spread to an unnecessary extent. When the School Attendance Officers visit a house where there is Measles or Whooping Cough, if they find, on enquiry, no doctor is in attendance, or the people do not contemplate calling one in, they (the Officers) present a leaflet which has been prepared, the object of which is two-fold—(a) To show that the illness should not be looked upon lightly ; (b) To give a little information as regards general management, both for the sake of the affected one and to prevent spread of infection.

SCHOOL CHILDREN AND SOME OF THEIR DEFECTS.—Many school children suffer from certain defects of which their guardians may be unaware, and even if they are aware they may not consider them of sufficient importance to receive special attention. I have visited all the Elementary Schools in the Borough and taken note of children so suffering. A notice has been sent to the guardians of such child advising them, if the matter is not receiving attention, to see to it. In those cases where one is sure that the defect or ailment has been or is being attended to no notice has been sent.

The most important defects are those of sight and hearing ; among “ other causes ” occur mostly skin affections. I have not made note of defective teeth, as they should be sufficiently patent to everybody.

The following table (XXIV.) gives the particulars of notices sent :—

School.	Sight.		Hearing.		Other Conditions.		Total.
	Male	Female	Male	Female	Male	Female	
Eastboro' ...	4	7	3	3	2	...	19
Parish Church ...	4	5	...	3	...	...	12
Jubilee ...	3	5	1	2	2	...	13
Boothroyd ...	17	14	4	9	4	2	50
St. John's ...	4	...	...	...	...	...	4
Dewsbury Moor ...	3	2	1	9	...	...	15
St. Paulinus ...	10	9	5	1	4	4	33
West Town Church ...	5	2	1	1	3	...	12
Batley Carr Church ...	11	4	1	1	1	...	18
St. Joseph's ...	3	1	1	...	1	1	7
Carlton Road ...	13	11*	6	6	1	2	39
Totals ...	77	60	23	23	18	9	222

* Two of which also defective hearing.

SALE OF FOOD AND DRUGS ACT, 1899.—Fifty-nine samples have been analysed by the Borough Analyst during the year, viz. : Milk, 19 ; Butter, 12 ; Margarine, 10 ; Pepper, 2 ; Lard, 2 ; Sweet Nitre, 2 ; Mustard, 2 ; Flour, 2 ; Oatmeal, 2 ; Condensed Milk, 3 ; Condensed Skimmed Milk, 3. The Analyst's certificates showed that all were genuine except 2, in one of which the adulteration was so slight it was not considered advisable to take legal proceedings. In 1 case legal proceedings were taken, viz., for selling Milk adulterated with 17 per cent. of added water ; the vendor was fined £4 and costs, or in default of payment one month's imprisonment.

Other Proceedings under the Act.—For exposing for sale in the Public Market 384 baskets containing 1,536lbs. of strawberries, which were unsound and unfit for the food of man, two persons (father and son) were each fined £5 and costs, or in default of payment two months' imprisonment in each case. The fines were paid.

All articles of food exposed for sale are under careful supervision.

REGISTERED PREMISES.—The following table shows the number of Registered Premises within the Borough :—

Bakehouses	...	...	...	15
Slaughter Houses	...	...	...	25
Tripe-boiling Houses		...	...	4
Soap-boiling Houses		...	...	3
Cowsheds	...	...	...	17
Dairies	}	...	...	8
Milkshops				
Common Lodging Houses	...		...	6

During the year premises were found which were being used as a Bakehouse. They had not been registered, and as the premises were unfit for the purpose for which they were being used a notice was served requiring the owner and occupier to “discontinue to further use the premises as a Bakehouse.”

The Cowsheds have all been specially inspected by the Sanitary Inspector and myself. Where defects have been found, notices have been served to remedy the same. It is satisfactory to note that where possible some have already been completed, others are in progress, and the remainder will be taken in hand as soon as circumstances permit, for, seeing that the chief faults lie with the floors and channelling, it is necessary for the sheds to be empty before the work can be done. With respect to cubic air space per cow, which according to the Bye-laws should be 800 cubic feet per head, some sheds are considerably at fault, and this should be remedied. There is practically an entire absence of “dairies” connected with the various “Milk Farms,” the explanation given to me being that “there is no necessity for any place of storage, as the milk is at once taken from the premises for sale.”

WATER SUPPLY.—The Borough is supplied through the Dewsbury and Heckmondwike Waterworks Board. The gathering ground is situate among lofty hills in the Parish of Penistone, distant about 18 miles from Dewsbury.

A sample of the water was last analysed by the Borough Analyst in December, 1905, and the following is a copy of his Report :—

Analytical report upon a sample of water from the Dewsbury Corporation supply, received from Inspector James Thackray, December 21st, 1905.

Results in grains per gallon :—

Total Solid Matters	...	...	...	7·0
Organic and Volatile	...	...	...	1·4
Mineral	...	...	...	5·6
Chlorine	...	...	...	·60
Nitrites	...	...	...	None
Nitrates	...	...	...	None
Lead	..	.	...	None
Free Ammonia	...	...	...	None
Albuminoid Ammonia...	...	...	...	·0028
Total Hardness	...	...	...	3·0 degrees
Temporary Hardness	...	...	...	·0 „
Permanent	„	...	...	3·0 „

Composition of the Mineral Matters :—

Lime Carbonate	...	...	...	·20
„ Sulphate	...	...	...	1·09
Magnesium Sulphate	...	...	...	1·08
Alumina and Iron Oxides	...	...	...	·60
Sodium Chloride	...	...	...	·99
„ Sulphate, &c.	...	...	...	1·04
Silica	...	...	...	0·60
				<hr/> 5·60

These results show that the sample is of high organic purity, and yields not even the slightest indication of what is known as “*past* sewage contamination.”

It is remarkably soft, yet it exerts no solvent action upon old lead service piping—a satisfactory feature.

The Biological analysis shows in one cubic centimetre :—

Microbes of the Coli Species	...	...	None
Bacillus Liquidus	...	...	4

As *Bacillus Liquidus* is a perfectly harmless microbe, the water may be regarded as one of great biological purity.

(Signed) F. W. RICHARDSON.

The report of Mr. James Thackray, the Sanitary Inspector, shows the large amount of work done in inspecting houses and other premises and issuing notices for the sanitary improvement of their condition. Thus there have been—

1697	Inspections of houses and other premises.		
2545	Re-inspections	„	„
1335	Notices issued for sanitary amendments of houses and other premises.		
195	Letters	„	„

FACTORIES AND WORKSHOPS.—There are 130 Factories and 193 Workshops on the register—total 323.

182 inspections have been made, in consequence of which 102 notices have been issued *re* the remedying of the existing defects, as follows :—

To Provide water closet accommodation	..	...	10
„ additional	„	...	20
Limewash walls and ceilings of workrooms		...	27
Provide more efficient ventilation to workrooms			
and water closets	...	...	16
Repair ashpits or provide receptacles	...	...	15
„ drains	...	...	5
„ spouts	...	...	3
„ water closets	...	...	2
Provide lavatory accommodation	...	...	1
„ a manure pit	...	...	1
Repair pavement...	...	...	1
Cleanse choked water closet	...	...	1
			<hr/> 102

All the above defects have been remedied.

SMOKE OBSERVATIONS.—Twenty notices have been served to owners, engineers, and firemen to use means to prevent the emission of dense black smoke. In each case a satisfactory improvement was made.

SEWERAGE AND SEWAGE DISPOSAL.—The district is systematically sewered, rainfall from roads being excluded. Only one small area, comprising a few houses, is not connected with the sewers, on account of these being non-accessible. No cases of typhoid fever have occurred during the year in these houses.

Sewage is disposed of on the Corporation Sewage Farm at Mitchell Laithes. The system adopted is intermittent downward filtration. The Farm is situated in a sparsely populated locality, and there have been no complaints from the neighbourhood.

I consider that the general sanitary condition of the Borough is satisfactory. The almost entire substitution of water closets and dry ashpits in place of midden privies is an indisputable improvement. Not only is the former method more healthy, but it is less costly. The

substitution of galvanized iron receptacles for ashes and solid house refuse, which are emptied weekly, in place of ashpits (large and sometimes defective in construction) is another improvement.

All house sink waste pipes have been, as far as is known, made to discharge on dishstones of trapped gullies, thereby preventing entrance of sewer air into the houses. The sanitary arrangements have been got well in hand, and it is rare to find a sanitary defect when inspection of a house is being made, after the notification of the presence of an infectious disease therein. Still these matters require strict and frequent supervision by the staff so that efficiency may be maintained.

LOCAL GOVERNMENT BOARD TABLES.

TABLE I.

Vital Statistics of Whole District during 1905 and previous years. DEWSBURY M.B.

Year.	Population Estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of Non- Residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett Deaths at all Ages belonging to the District.				
		Number.	Rate.*	At all Ages.		Number.	Rate.*				Number.	Rate.*			
				Under 1 Year of Age.	Number.								Rate per 1000 Births registered.	Number.	Rate.*
1895	29045	815	28.1	169	206	602	20.6	130	81	...	598	20.6			
1896	28872	748	25.9	160	213	719	24.9	150	99	...	620	21.5			
1897	28699	811	28.3	164	202	674	23.5	119	56	...	618	21.5			
1898	28526	705	24.7	125	177	661	23.2	139	87	...	574	20.1			
1899	28353	670	23.6	111	166	591	20.9	131	77	...	514	18.1			
1900	28180	655	23.3	151	231	642	23.8	131	88	...	554	19.7			
1901	28017	689	24.6	122	177	626	22.4	133	73	9	562	20.1			
1902	27844	635	22.8	87	137	569	20.4	139	74	9	504	18.1			
1903	27673	660	23.8	124	187	595	21.5	156	84	14	527	19.0			
1904	27502	671	24.39	111	165	675	22.54	239	119	14	570	20.72			
Averages for years 1895-1904		705	24.9	132	186	645	22.3	146	83	11	564	19.9			
1905	27333	653	23.89	126	192	608	22.24	173	102	16†	522	19.09			

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.
† Including 1 Resident dying outside the district, but not in a Public Institution.

Area of District in acres (exclusive of area covered by water) ... 1,435.
Total population at all ages at Census of 1901 ... 28,060.
Number of inhabited houses do. do. ... 6,642.
Average number of persons per house, do. do. ... 4.2.

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the deaths in which have been distributed among the several localities in the District.
Dewsbury Union Work-house. Dewsbury General Infirmary.	Leeds General Infirmary. West Riding Lunatic Asylum. Yorkshire Institute for Deaf and Dumb. Dewsbury Joint Hospital (Infectious).	Barnard Castle Work-house. Dean Clough Institute, Halifax.

TABLE II.
Vital Statistics in 1905 and previous years.
Dewsbury M.B.

Year.	Population estimated to middle of each Year.	Births registered.	Deaths at all Ages.	Deaths under One Year.
1895 ...	29045	815	598	169
1896 ...	28872	748	620	160
1897 ...	28699	811	618	164
1898 ...	28526	705	574	125
1899 ...	28353	670	514	111
1900 ...	28180	655	554	151
1901 ...	28017	689	562	122
1902 ...	27844	635	504	87
1903 ...	27673	660	527	117
1904 ...	27502	671	570	111
Averages of years 1895-1904 }	28271	705	564	131
1905 ...	27333	653	522	124

TABLE III.

Cases of Infectious Disease notified during the year 1905.
Dewsbury M.B.

Notifiable Disease.	Cases Notified in Whole District.							No. of Cases Removed to Hospital from Whole District.
	At all Ages.	At Ages—Years.						
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards	
Small-pox	12	...	2	1	2	7	..	...
Cholera	..	...	...	...	...	...	...	...
Diphtheria	42	1	14	21	2	4	...	...
Membraneous Croup	1	...	1	...	...	...	...	..
Erysipelas	16	1	1	2	3	9	...	...
Scarlet Fever	162	...	41	102	13	6	...	38
Typhus Fever	..	...	...	...	...	...	...	...
Enteric Fever	19	...	...	3	5	11	...	4
Relapsing Fever	...	...	...	...	...	...	...	...
Continued Fever	3	...	...	2	1	...	...	...
Puerperal Fever	1	...	...	...	...	1	...	...
Plague	...	...	...	...	...	...	...	...
Chicken-pox*	44	...	...	...	...	...	...	...
TOTALS	300	2*	59*	131*	26*	38*	...	42

* Excluding Chicken-pox.

ISOLATION HOSPITALS.

Mitchell Laithes Small-pox Hospital of Dewsbury Joint Hospital Board.

The Infectious Diseases Hospital of the Dewsbury Joint Hospital Board.

(The above are not situated in the Borough of Dewsbury).

TABLE IV.

Causes of, and Ages at, Death during year 1905.
Dewsbury M.B.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Total Deaths whether of Residents or "Non-Residents" in Public Institutions in the District.
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox	3	...	1	...	2	...	...	3
Measles	8	3	5	...	...	...	...	...
Scarlet Fever	13	...	7	6	...	...	...	...
Whooping Cough	8	3	5	...	...	...	...	...
Diphtheria and Membranous Croup	9	...	5	4	...	...	...	1
Croup ... ..	...	...	...	...	...	...	...	...
Fever { Typhus ... ..	...	...	...	...	...	...	...	...
	3	...	...	...	...	3	...	1

Epidemic Influenza	6	...	1	...	2	2	1	1
Cholera ... ..	...	...	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...
Diarrhoea	25	21	3	...	...	...	1	1
Enteritis	5	5	...	...	...	...	...	...
Puerperal Fever	1	...	...	...	...	1	...	...
Erysipelas	3	2	...	...	...	...	1	1
Other Septic Diseases ... ..	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuber- culosis)	35	...	1	3	4	27	...	19
Other Tubercular Diseases	12	2	1	2	2	5	...	3
Cancer, Malignant Disease	28	...	...	...	...	20	8	6
Bronchitis	43	11	...	...	...	19	13	20
Pneumonia	51	15	11	2	2	14	7	4
Pleurisy	2	...	1	...	...	1	...	...
Other Diseases of Respiratory Organs	1	...	...	...	...	...	1	...
Alcoholism, Cirrhosis of Liver	2	...	...	...	...	2	...	1
Venereal Diseases	4	4	...	...	...	...	...	2
Premature Birth	19	19	..	...	...	...	...	1
Diseases and Accidents of Parturition	1	...	...	...	...	1	...	1
Heart Diseases	39	...	...	...	1	24	14	12
Accidents	14	2	4	1	...	4	3	8
Suicides	3	...	...	...	..	1	2	4
All other causes	184	37	13	5	1	62	66	84
All causes	522	124	58	23	14	186	117	173

TABLE V.

Infantile Mortality during the year 1905.

Deaths from stated Causes in Weeks and Months under One Year of Age.

Cause or Death.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under 1 Year.
All Causes.	Certified	...	...	19	3	2	6	30	19	9	2	14	9	12	6	5	5	11	2	124
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Common Infectious Disease.	Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Measles	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	3
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria: Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoeal Diseases.	Whooping Cough	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	1	...	3
	Diarrhoea, all forms	...	...	...	...	...	...	...	3	2	1	4	4	3	...	2	2	...	...	21
	Enteritis (not Tuberculous)	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2
Wasting Disease.	Gastritis, Gastro-intestinal Catarrh	...	...	...	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	3
	Premature Birth	...	15	1	...	1	17	2	...	...	...	...	...	...	...	...	...	...	...	19
	Congenital Defects	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Want of Breast Milk	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Diseases.	Atrophy, Debility	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Marasmus	...	2	1	1	1	5	5	3	...	2	...	2	...	...	...	...	2	...	19
	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
	Tuberculous Peritonitis:	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
	Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Erysipelas	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	2
	Syphilis	...	...	...	...	...	1	1	...	...	1	...	1	...	1	...	...	...	...	4
	Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	3
	Convulsions	...	1	...	...	...	1	2	...	...	...	...	2	1	...	...	...	...	...	6
	Bronchitis	...	...	...	...	1	1	1	1	...	3	1	1	1	1	1	...	1	...	11
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Pneumonia	...	...	...	...	...	...	2	1	...	1	...	2	2	1	1	1	4	1	15
	Suffocation, overlaying	...	1	...	...	...	1	1	...	...	1	...	...	1	2	...	...	...	...	2
	Other Causes	...	...	1	...	1	2	1	...	...	...	...	...	1	2	...	...	2	...	8
Totals				19	3	2	6	30	19	9	2	14	9	12	6	5	5	11	2	124

Return of the number of Cases of Infectious Disease reported
to the Medical Officer of Health during the year 1905,
and of Deaths from the diseases notified.

	Cases notified in 1905.	Deaths registered in 1905.
Small-pox	12	3
Scarlet Fever	162	13
Diphtheria	42	9
Membraneous Croup ..	1	...
Typhus Fever ... ..	...	...
Enteric or Typhoid Fever ...	19	3
Continued Fever ... ..	...	...
Relapsing Fever ... ..	...	...
Puerperal Fever	1	1
Cholera ... ..	...	...
Erysipelas	16	3
Plague ... ..	...	...
Chicken Pox	44	...